

| AGE 547 M D K9 | MALE MALE | ZENA HEALTHCARE PLOT-119, SAHIDNAGAR, BHUBANESWAR |
|---|--|---|
| 78 hpm 764 ms 178 ms 72 ms 358 ms | S INUS RHYTHM | |
| -AXIS | NORMAL. ECG | |
| 12. SLP. REPORT FORMAT: 38.4+11. SQ | avr. | Dec. Will |
| | av. | |
| | JAN TO THE | |
| | | |



Regd. No.: 1834

EALTHCARE SERV

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM

Reporting Time: 16/12/2022, 07:26 PM Sample ID:

| Test Description | Value(s) | Reference Range | Unit |
|---|---------------|-----------------|-------|
| 1 | (0) | reservate Range | ome |
| | Glucose, Fas | sting (FBS) | |
| Glucose fasting Method : Fluoride Plasma-F, Hexokinase | 75.4 | 75 - 115 | mg/dL |
| method : Fidoride Plasma-r, riexokinase | Cluses Post | December 1 (DD) | |
| | Glucose, Post | Francial (PP) | |
| Blood Glucose-Post Prandial Method : Hexokinase | 112.3 | 70 - 140 | mg/dL |
| | BUN, S | erum | |
| BUN-Blood Urea Nitroge | 13.6 | 10 - 50 | mg/dL |
| Method : Serum, Urease | | | |
| | Creati | nine | |
| Creatinine | 0.66 | 0.60 - 1.30 | mg/dL |
| Method : Serum, Jaffe | | | |
| | Uric acid | , Serum | |
| Uric Acid | 3.56 | 3.4 - 7.0 | mg/dL |
| Method : Uricase, Colorimetric | | | |

END OF REPORT

Lab technician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIOLOGIST

For Home Collection Please Call at Number:

Zena Healthcare Services
Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07
Ph.: 0674-2549902, 9692276908, 8337964922, E-mail: zenahealthcare@gmail.com
Website: www.zenacare.in



Professional |

Accuracy Precision

Regd. No.: 1834

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:24 PM

Sample ID:

Test Description

Value(s)

Reference Range

Unit

Blood Group ABO & Rh Typing, Blood

Blood Group (ABO typing)

Method: Manual-Hemagglutination

RhD Factor (Rh Typing)

Method: Manual hemagglutination

"0"

Positive

ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate

mm/hr

Method: EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

END OF REPORT

Lab techunician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIOLOGIST

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IEALTHCARE SER

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID; 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:24 PM

Sample ID:

/hpf /hpf /hpf

Test Description Value(s) Reference Range Unit

Urine(R/M) Routine Examination of Urine

General Examination

| Colour | PALE YELLOW | Pale Yellow |
|---------------------------|-------------|---------------|
| Transparency (Appearance) | CLEAR | Clear |
| Deposit | Absent | Absent |
| Reaction (pH) | Acidic 6.0 | 4.5 - 7.0 |
| Specific gravity | 1.015 | 1.005 - 1.030 |
| | | |

Chemical Examination

Urine Protein' (Albumin) Absent Absent Urine Glucose (Sugar) Absent Absent

| Microscopic Examination | | |
|-------------------------|------------|--------|
| Red blood cells | Absent | 0-4 |
| Pus cells (WBCs) | 2 - 4 /HPF | 0-9 |
| Epithelial cells | 1 - 2 /HPF | 0-4 |
| Crystals | Absent | Absent |
| Cast | Absent | Absent |
| Amorphous deposits | Absent | Absent |
| Bacteria | Absent | Absent |
| Trichomonas Vaginalis | Absent | Absent |
| Yeast cells | Absent | Absent |
| | | |

END OF REPORT

Lab technician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIÓLOGIST

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Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:24 PM

Sample ID:

Regd. No.: 1834

Test Description Value(s) Reference Range Unit

HbA1C, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD

%

Method: (HPLC, NGSP certified)

Estimated Average Glucose:

124.35

5.96

mg/dL

Interpretation

| Reference Group | HbA1c in % |
|--|-------------------------|
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| | Age > 19 years |
| | Goal of therapy: < 7.0 |
| Therapeutic goals for glycemic control | Action suggested: > 8.0 |
| | Age < 19 years |
| | Goal of therapy: <7.5 |

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |

For Home Collection Please Call at Number:



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EALTHCARE SERVICES

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM

Reporting Time: 16/12/2022, 07:24 PM

Sample ID:

| | | | | 16662 |
|--------|------------|----------|-----------------|-------|
| Test D | escription | Value(s) | Reference Range | Unit |
| 10 | 240 | | | |
| 11 | 269 | | | |
| 12 | 298 | | | |

END OF REPORT

Lab technician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIOLOGIST

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Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:25 PM

Sample ID:

| Test Description | Value(s) | Reference Range | Unit |
|---|---------------|-----------------|-------|
| | LFT, Liver Fu | nction Test | |
| Bilirubin - Total | 0.65 | 0.00 - 1.00 | mg/dL |
| Method : Serum, Jendrassik Grof | | | |
| Bilirubin - Direct | 0.16 | 0.00 - 0.20 | mg/dL |
| Method : Serum, Diazotization | | | |
| Bilirubin - Indirect | 0.49 | 0.10 - 0.80 | mg/dL |
| Method : Serum, Calculated | | | |
| SGOT | 23.6 | 8 - 33 | U/L |
| Method: Serum, UV with P5P, IFCC 37 degree | | | 12000 |
| SGPT | 33.5 | 3 - 35 | U/L |
| Method : Serum, UV with P5P, IFCC 37 degree | | | **** |
| GGT-Gamma·Glutamyl Transpeptidae | 8.95 | < 55 | U/L |
| Method : Serum, G-glutamyl-carboxy-nitoanilide | | | 11/1 |
| Alkaline Phosphatase | 112.3 | 53-128 | U/L |
| Method: PNPP-AMP Buffer/Kinetic | | | -/-IT |
| Total Protein | 6.78 | 6.60 - 8.70 | g/dL |
| Method : Serum, Biuret, reagent blank end point | | 2.50 5.20 | g/dL |
| Albumin | 3.84 | 3.50 - 5.30 | g/uL |
| Method : Serum, Bromocresol green | 0.04 | 2.00-3.50 | g/dL |
| Globulin | 2.94 | 2.00-3.30 | g/ dL |
| Method : Serum, EIA | 1.21 | 1.2 - 2.2 | |
| A/G Ratio | 1.31 | 1.2 - 2.2 | |
| Method : Serum, EIA | | | |

END OF REPORT

Lab tenbrician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST

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Wishing Good Health

Page 1 of 1



(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:25 PM

Sample ID:

Regd. No.: 1834

| Test Description | Value(s) | Reference Range | Unit |
|--------------------|-----------------|-----------------|--------|
| | Thyroid Profile | (T3, T4, TSH) | |
| T3-Total | 0.89 | 0.87 - 2.73 | ng/dL |
| Method : CLIA _ | | | |
| T4-Total | 9.36 | 6.09 - 12.23 | ug/dL |
| Method : CLIA | | | |
| TSH-Ultrasensitive | 1.23 | 0.45 - 4.50 | uIU/mL |
| Method : CLIA | | | |

Interpretation

| TSH | T3 | T4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|---------------------------|---------------------------|---------------------------|---|
| Raised | Within range | Within range | Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness." |
| Raised | Decreased | Decreased | Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis* |
| Raised or within range | Raised | Raised or within range | Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers, steroids, anti-epileptics. |
| Decreased | Raised or within range | Raised or within range | Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion |
| Decreased | Decreased | Decreased | Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)* |
| Decreased | Raised | Raised | Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule *Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum" |
| Decreased Within Rang | Raised | Within range | T3 toxicosis •Non-Thyroidal illness |
| Within range | Decreased | Within range | Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%. |

END OF REPORT

Lab technician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIOLOGIST

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Regd. No.: 1834

HEALTHCARE SERVI

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:25 PM

Sample ID:

Test Description

Value(s)

Reference Range

Unit

PSA (Prostate Specific Antigen)-Total

PSA- Prostate Specific Antigen*

0.25

0.0 - 3.5

ng/mL

INTERPRETATION:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the

bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and

unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or

prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or

sonological examinations.

Note: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose

than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Ref: Arch Pathol Lab Med-Vol 141, November 2017

END OF REPORT

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIOLOGIST

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Regd. No.: 1834

HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM Reporting Time: 16/12/2022, 07:26 PM

Sample ID:

| | | Unit |
|---|---|-------|
| <u> </u> | cipid Profile | |
| Cholesterol-Total 196.3 Method : Spectrophotometry | Desirable level < 200 Borderline High 200-239 High >or = 240 | mg/dL |
| Triglycerides 236.8 Method: Serum, Enzymatic, endpoint | Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500 | mg/dL |
| HDL Cholesterol 42.36 Method: Serum, Direct measure-PEG | Normal: > 40 Major Risk for Heart: < 40 | mg/dL |
| LDL Cholesterol 106.57 Method: Enzymatic selective protection | Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190 | mg/dL |
| VLDL Cholesterol 47.37 Method: Serum, Enzymatic | 6 - 38 | mg/dL |
| CHOL/HDL Ratio 4.63 Method: Serum, Enzymatic | 3.5 - 5.0 | |
| LDL/HDL Ratio 2.52 Method: Serum, Enzymatic Note: | 2.5 - 3.5 | |
| 8-10 hours fasting sample is required. | | |

END OF REPORT

Lab technician

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST /

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Ph.: 0674-2549902, 9692276908, 8337964922, E-mail: zenahealthcare@gmail.com
Website: www.zenacare.in



Regd. No.: 1834

HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

Patient Name: MR. SUSHANT KU DEHURY

Age / Gender: 54 years / Male

Professional | Accuracy | Precision

Patient ID: 14535

Referral: MEDI WHEEL

Collection Time: 16/12/2022, 12:45 PM

Reporting Time: 16/12/2022, 07:27 PM

Sample ID:

| Test Description | Value(s) | Reference Range | Unit |
|-----------------------------------|-------------|-----------------|------------|
| | Complete Bl | ood Count | |
| Hemoglobin (Hb) | 16.6 | 13.5 - 18.0 | gm/dL |
| Erythrocyte (RBC) Count | 5.69 | 4.7 - 6.0 | mil/cu.mm |
| Packed Cell Volume (PCV) | 53.2 | 42 - 52 | % |
| Mean Cell Volume (MCV) | 93.50 | 78 - 100 | fL |
| Mean Cell Haemoglobin (MCH) | 29.17 | 27 - 31 | pg |
| Mean Corpuscular Hb Concn. (MCHC) | 31.20 | 32 - 36 | g/dL |
| Red Cell Distribution Width (RDW) | 12.8 | 11.5 - 14.0 | % |
| Total Leucocytes (WBC) Count | 6700 | 4000-10000 | cell/cu.mm |
| Neutrophils | 64 | 40 - 80 | % |
| Lymphocytes | 32 | 20 - 40 | % |
| Monocytes | 01 | 2 - 10 | % |
| Eosinophils | 03 | 1 - 6 | % |
| Basophils | 00 | 1-2 | % |
| Platelet Count | 193 | 150 - 450 | 10^3/ul |
| Mean Platelet Volume (MPV) | 9.6 | 7.2 - 11.7 | fL |
| PCT | 0.19 | 0.2 - 0.5 | % |
| PDW | 18.5 | 9.0 - 17.0 | % |

END OF REPORT

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST /

For Home Collection Please Call at Number:



(A Unit of Zena Enterprises)

NAME:-SUSHANT KU. DEHURY

AGE:-54YRS Patient ID:-2 REFERRAL:-MEDI-WHEEL

DATE:-16.12.2022

SEX:-MALE

CHEST X-RAY PA VEIW SHOWS.

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

IMPRESSION:-NORMAL STUDY.

Barban

Dr.Bhagaban Pradhan M.D. (Radio diagnosis) Consultant Radiologist

For Home Collection Please Call at Number:



For eyes like new

2nd Floor, BMC-1,BMC Bhawani Mall, Saheed Nagar, Bhubaneswar - 751007 Khurda, Odisha

Ph: 0674-2549511,2549722

Mob - 8118052200

E-mail: bhubaneswar@dragarwal.com

Patient :

Contact:

MR No.

MR. SUSHANT KUMAR DEHURY

Age/Sex:

54 Years /Male 9439540768

BHU/32580/22

Doctor :

Dr. ISHA NIRGUDKAR

Facility:

Dr. Agarwal's Health Care Ltd, Bhubaneswar

Appt. Dt : Note Dt : 16 Dec'22

OPD SUMMARY

HISTORY

Visit: General Checkup

Chief Complaints: feels little difficulty in near work with the new glass

Ophthalmic History:

Glasses Left Eye since 7 years & Right Eye since 7 years - PGP 1 months back

Systemic History: Not aware of any systemic illness

Allergies: None

REFRACTION

| | R/OD | |
|--------------|-------|---------------|
| Keratometry: | | THE RESIDENCE |
| | | Axis |
| Kh | 42.00 | 180 |
| Kv | 42.75 | 90 |

| PGP: Type of | Lens- Progressive |
|--------------|-------------------|
|--------------|-------------------|

| | Sph | Cyl | Axis | Vision |
|---------|-------|-----|------|--------|
| Distant | +1.00 | | | 6/6 |
| Near | +3.25 | | | N6 |

Auto Refraction:

| | Sph | Cyl | Axis |
|-----|-------|-----|------|
| Dry | +1.50 | | |
| | | | |
| | | | |

| Dilated | | |
|---------|------|--|
| | | |

| | L/OS | |
|--------------|-------|------|
| Keratometry: | | |
| | | Axis |
| Kh | 41.75 | 180 |

41.75

90

PGP: Type of Lens- Progressive

| | Sph | Cyl | Axis | Vision |
|---------|-------|-------|------|--------|
| Distant | +1.25 | -0.50 | 90 | 6/6 |
| Near | +3.50 | -0.50 | 90 | N6 |

Auto Refraction:

Κv

| | Sph | Cyl | Axis |
|-----|-------|-------|------|
| Dry | +1.50 | -0.50 | 100 |
| | ** | | |
| | | | |

| Dilated | | |
|---------|------|--|
| | | |

IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION) PLEASE CONTACT: MOBILE NO 8118052202

କରୁରୀ କାଳୀନ ପରିଛିତି: ଯେପରିକି ଆଖି ଯନ୍ତଣା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡିବା ଓ ଦୃଷ୍ଟି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଉକ୍ତ ନୟର କୁ (୮୧୧୮୦୫୨୨୦୨) ଯୋଗାଯୋଗ କରନ୍ତୁ

New:

| Sr No. | Name | Quantity | Frequency | Duration | Eye | Instruction |
|--------|-----------------------|----------|---------------|----------|-----------|-------------|
| 1 | TREHALUBE - EYE DROPS | 1 | 4 times a day | 1 Months | Both Eyes | |
| 2 | OCUGOLD PLUS - TAB | 1 | 1 times a day | 2 Months | - | After Meal |

CONTINUE SAME GLASSES

For Followup: - Visit Dr. ISHA NIRGUDKAR after 1 Year or as and when necessary at Dr.

Agarwal's Health Care Ltd, Bhubaneswar

Dr. Isha Nirgudkar

Printed on: 16 Dec'2022, 01:18 PM

IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION) PLEASE CONTACT: MOBILE NO 8118052202

କରୁରୀ କାଳୀନ ପରିଛିତି: ଯେପରିକି ଆଖି ଯନ୍ତଣା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡିବା ଓ ଦୃଷି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଉତ୍ତ ନୟର କୁ (୮୧୧୮୦୫୨୨୦୨) ଯୋଗାଯୋଗ କରନ୍ତ୍ର

| _ | |
|------|--|
| | |

Dry Refraction:

| | Sph | Cyl | Axis | Vision |
|---------|-------|-----|------|--------|
| Distant | +1.00 | | | 6/6 |
| Near | +3.25 | | | N6 |

| | |
|--|--|
| | Assessment of the latest of th |

Dry Refraction:

| | Sph | Cyl | Axis | Vision |
|---------|-------|-------|------|--------|
| Distant | +1.25 | -0.50 | 90 | 6/6 |
| Near | +3.50 | -0.50 | 90 | N6 |

EXAMINATION

R/OD

VA: UCVA - 6/12 UCVA Near- N18

IOP: 15 at 12:56 PM Appearance: Normal Appendages: Normal Conjunctiva: Normal

Cornea: Size/Shape/Surface Normal

Anterior Chamber: Normal depth, No cells/flare Pupil: Round shape, Normal direct & Consensual

reflex

Iris: Within normal Limits

Lens: Clear, Crystalline, Central

Extra Ocular Movements: Uniocular and Binocular movements full and normal

Fundus:

Media-Clear, CupRatio-0.3, PVD-Absent, OptDiscSize-Medium, OpticDisc-healthy, Bloodvessel-normal, Macula-Foveal Reflex, Foveal Reflex- Present, Fundus-CENTRAL within normal limits LOS

VA: UCVA - 6/18 UCVA Near- N18

IOP: 13 at 12:56 PM Appearance: Normal Appendages: Normal Conjunctiva: Normal

Cornea: Size/Shape/Surface Normal

Anterior Chamber: Normal depth, No cells/flare Pupil: Round shape, Normal direct & Consensual

reflex

Iris: Within normal Limits

Lens: Clear, Crystalline, Central

Extra Ocular Movements: Uniocular and Binocular movements full and normal

Fundus:

Media-Clear, PVD-Absent, OptDiscSize-Medium, CupRatio-0.3, OpticDisc-healthy, Bloodvesselnormal, Macula-Foveal Reflex, Foveal Reflex-Present, Fundus-CENTRAL within normal limits

DIAGNOSIS

- 1. Presbyopia H52.4
- BE MIXED ASTIGMATISM

ADVICE :

Medication(Rx)

IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION) PLEASE CONTACT: MOBILE NO 8118052202

କରୁରୀ କାଳୀନ ପରିଷ୍ଟିଡି: ଯେପରିକି ଆଖି ଯନ୍ତ୍ରଣା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡିବା ଓ ତୃଷ୍ଟି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଉକ୍ତ ନୟର କୁ (୮୧୧୮୦୫୨୨୦୨) ଯୋଗାଯୋଗ କରବୁ



(A Unit of Zena Enterprises)

MEDICAL REPORT

| MEDICAL INFORMATION | | |
|----------------------------|---------------|--|
| Height:- 172cm | Age;- 54Yrs | |
| Veight:- 72kg | Sex:- Male | |
| lood Pressure:- 123/93mmhg | Pulse:-84/min | |
| | | |

Physical Fitness certificate

This is to certify that Mr. SUSHANT KU. DEHURY aged 54yrs, reports is Normal and I have found his FIT.



For Home Collection Please Call at Number :

Zena Healthcare Services
Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07
Ph.: 0674-2549902, 9692276908, 8337964922, E-mail: zenahealthcare@gmail.com Website: www.zenacare.in